

## NOTIFICATION OF INVOICE ADJUSTMENT

Please send this notification of adjustment form as a backup when the amount paid is different than the amount of this invoice.

Page \_\_\_\_ of \_\_\_\_

Agency Name \_\_\_\_\_ Level 1 # 4055 Level 2 # 01 Level 3 # \_\_\_\_\_ Level 4 # \_\_\_\_\_

Invoice Date \_\_\_\_\_ Invoice Number \_\_\_\_\_ Invoice Amount \_\_\_\_\_

(This number must be included on warrant or check.)

The following items on the above-referenced invoice are amounts (credits or debits) not paid or accepted:

Item #	Cardholder Account #	Proc. Date	Merchant Name	Transaction Amount (Additions)	MM/YY* Where Amount is to be Applied (+)	Transaction Amount (Subtractions)	Reason for Non-Payment (-)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
Totals (+)					Totals (-)		

**Note:** If you are paying or not accepting a credit for a prior item, please note invoice date that should receive this part of the payment.

### Send Form to:

I.M.P.A.C. Payments  
P.O. Box 6350  
 Fargo, ND 58125-6350

### Phone Inquiries:

I.M.P.A.C. Customer Service  
(800) 227-6736

### Form Submitted by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Indicate Payment Method:

☐ FRB Funds Transfer

☐ Treasury Check

☐ Vendor Express (ACH)

(Vendor Express #VXP892300015) (ABA #10200021)

### I.M.P.A.C. Check Balancing Register

Invoice Total \$ \_\_\_\_\_

Less Adjustments (-)  
(Questioned Items) \$( \_\_\_\_\_)

Add any Interest Penalty Amounts \$ \_\_\_\_\_

Add any part of payment that is  
being applied to a previous invoice (+) \$ \_\_\_\_\_

Total of Check/Wire being sent \$ \_\_\_\_\_



I.M.P.A.C.®

Government Services